State Form 417 (R/11-87)

## APPLICATION FOR WATER WELL DRILLING LICENSE

Return to:

DEPARTMENT OF NATURAL RESOURCES
Division of Water
402 W. Washington St., Room W264
Indianapolis, IN 46204

The provisions of IC 25-39 require anyone who operates water well drilling or driving equipment and engages in the drilling of water wells, water test wells, water monitoring wells, or geothermal heat pump wells in Indiana to have a valid Indiana Water Well Drilling License.

| Full Name:             |  |  |                                       |                             |
|------------------------|--|--|---------------------------------------|-----------------------------|
|                        | (First)  | (Middle)   |                                       | (Last)                      |
| Business Address: _    | (Street or Rural Route)                              |  |                                       |                             |
| -                      | (City)   |  | (State)                               | (Zip)                       |
| Office Telephone:      |  |  |                                       |                             |
| Office Telephone:      | (Include area code)                                  | Date of Birth:   |                                       |                             |
| Type(s) of Drilling Eq | uipment Operated:                                    |  |                                       |                             |
| Number of Years Ope    | erated:  |  |                                       |                             |
| Employment History     | (as a water well drilling con                        | tractor):  |                                       |                             |
| Company Name           |  | Company Address  |                                       | Employment Dates            |
|                        |  |  | · · · · · · · · · · · · · · · · · · · |                             |
|                        |  |  |                                       |                             |
|                        |  |  |                                       |                             |
| money order payable    | to the DEPARTMENT OF<br>irm under the penalties of p | s one hundred dollars (\$100) for a<br>NATURAL RESOURCES (or sim | ply DNR).                             |                             |
| Signature:             |  |  | Date:                                 |                             |
| Company Name:          |  |  |                                       |                             |
| _                      | n original license is not complete                   | until three (3) reference statements are co                      | mpleted and receive                   | d by the Division of Water. |
|                        | FC   | DR ADMINISTRATIVE USE ONLY                                       | ,                                     |                             |
| Date Application Was   | s Received:  | Appl   | ication No.:                          |                             |
| License Number Issu    | ued:   | Issue  | ed By:                                |                             |

## REFERENCE STATEMENT

Each applicant, for a water well drilling license, must be at least eighteen (18) years of age and provide to the Division of Water three (3) reference statements prior to a license being issued. At least two (2) reference statements must be from a water well driller or a licensed plumbing contractor. Applicants may *not* act as their own reference.

|  | (Applicant's Name)   |
|--|--|
|  | (Street/Rural Route)   |
|  | (City/State/Zip)   |
| 1. I have known the applicant for  | years.   |
| 2. My knowledge of the applicant's work                                      | history as it relates to water well drilling is  |
|  | <u>.</u>   |
| 3. My general remarks regarding the eval                                     | luation of the applicant's professional compentency are  |
|  |  |
| I hereby swear or affirm under the pewith is to the best of my knowledge and | enalties for perjury, that the information submitted here-<br>belief, true, accurate and complete. |
| Reference's Signature  | Date of Statement Telephone #  |
| Reference's Printed Name   | Occupation   |
| Street/Rural Route   | License - (plumber, well driller, etc.)  |
| City/State/Zip   |  |
|  | Mail this completed reference statement to: Division of Water, IDNR                                |

Mail this completed reference statement to: Division of Water, IDNR 402 W. Washington St., RM. W264 Indianapolis, Indiana 46204